

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 101764036  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				61						
2							62						
3				/			63						
4				/			64						
5				/			65						
6				/			66						
7				/			67						
8				/			68						
9				/			69						
10			/	/			70						
11				/			71						
12				/			72						
13				/			73						
14				/			74						
15				/			75						
16				/			76						
17				/			77						
18				/			78						
19			/	/			79						
20				/			80						
21				/			81						
22				/			82						
23				/			83						
24				/			84						
25				/			85						
26				/			86						
27				/			87						
28			/	/			88						
29				/			89						
30				/			90						
31				/			91						
32				/			92						
33				/			93						
34			/	/			94						
35				/			95						
36				/			96						
37				/			97						
38				/			98						
39				/			99						
40				/			100						
41				/									
42				/									
43				/									
44				/									
45				/									
46				/									
47				/									
48				/									
49				/									
50				/									
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			19				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						